

Westcountry Home Care Limited

Alexandras Community

Care Redruth

### Inspection report

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Redruth  
Cornwall  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Alexandras Community Care Redruth is a domiciliary care agency. It provides personal care to people living in their own homes in Redruth and Camborne and the surrounding areas. At the time of the inspection 57 people were receiving personal care.

People's experience of using this service:

- People told us they were happy with the care and support they received from the service. They were keen to tell us they felt involved in how their care was planned and were able to ask for changes if needed. Any requests for alterations to routines, or any concerns raised were addressed and action taken to make the necessary improvements.
- No-one reported having experienced any missed visits. Some people said the care workers were sometimes late but they would usually be informed if they were running behind. No-one identified this as being a problem.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Care plans were updated regularly and reflected people's needs and preferences. Risk assessments were in place to indicate when people had been identified as being at risk because of their health needs, lifestyles or emotional well-being. There was a lack of guidance for staff on how to mitigate risks and we have made a recommendation about this in the report. However, staff knew people well and were able to explain how to support people according to their needs which they recognised could fluctuate.
- Staff were valued and well supported. Training was provided across a wide range of areas. This was usually delivered face to face and was designed to let staff gain a better understanding of the experience of living with various conditions.
- The service met the characteristics of 'good' in all of the key questions. Therefore, our overall rating for the service is 'good.' More information is in the full report.

Rating at last inspection: Good (report published 31 August 2016).

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern we may bring our inspection forward.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Alexandras Community Care Redruth

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Alexandras Community Care Redruth is a domiciliary care agency. It is part of the Westcountrycare group which runs five other domiciliary care agencies in Cornwall. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit in line with our methodology for inspecting this type of service. Inspection site visit activity started on 23 January 2019 and ended on 25 January 2019. We visited the office location on 23 January 2019 to meet with the registered manager and office staff; and to review care records and policies and procedures. On 25 January 2019 the expert by experience conducted telephone interviews with people who were receiving care from the service

**What we did:** Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We also reviewed the Provider Information Return (PIR). This is a document the provider sends to us describing what they do well and any planned improvements. We received feedback in questionnaires from people with experience of using the service.

During the inspection visit we spoke with the organisations nominated individual, the registered manager and five members of staff. We visited three people in their homes and spoke with them and two relatives. We looked at detailed care records for five people, three staff recruitment files, training records and other records relating to the management of the service.

Following the inspection visit we spoke with three people who used the service and relatives of another three people.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- New staff were required to complete safeguarding training before starting work. This training was regularly refreshed to help ensure staff's understanding of safeguarding processes remained up to date.
- Staff were confident any concerns they raised to the registered manager would be dealt with appropriately. They knew the process to follow if they needed to raise safeguarding concerns outside of the organisation.
- People told us they felt safe and trusted staff. One person told us they were uncomfortable having their door key left in the key safe overnight so staff always posted it through their letter box after their last visit.

Assessing risk, safety monitoring and management

- Risk assessments covered a range of areas including falls and mobility and risks relating to people's homes. The level of risk was identified so staff would be aware of people's individual needs.
- Some of the risk assessments lacked detail and did not clearly inform and guide staff. For example, it was recorded that one person could be aggressive. There was a lack of information on how staff should support the person at these times. However, despite the lack of guidance staff told us they knew people well and were confident supporting them in all situations

We recommend the provider seek advice about the development of risk assessments and associated guidance to help ensure staff are able to mitigate identified risks.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service.
- People told us they knew the staff who supported them and that they were usually punctual and stayed for the allotted time. Some people had very specific health needs and were supported by a small group of staff who knew them well.
- Pre-employment checks were completed before any new staff started work.

Using medicines safely

- There were records in place to record when people had been helped to take medicines.
- People were encouraged to maintain their independence when taking their medicine for as long as it was safe to do so.

Preventing and controlling infection

- Staff had access to gloves and aprons for use when they were delivering personal care.
- All staff had received training in infection control.

- A relative told us; "They always wear their plastic pinnys and gloves, hygiene seems to be a priority."

#### Learning lessons when things go wrong

- It was evident the senior management team were keen to learn from experience and make improvements when mistakes were made or concerns raised.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People new to the service had their needs assessed by the senior management team in collaboration with other agencies and relatives where appropriate.
- The organisation ensured staff had access to best practice guidance to support good outcomes for people.

Staff skills, knowledge and experience

- There was a strong emphasis on the importance of training. Staff new to care were required to complete the Care Certificate. All new staff received a range of face to face training to help ensure they had the necessary knowledge and skills to do their jobs.
- The organisation employed a training manager and two deputy managers were qualified moving and handling trainers.
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences was particularly valued. The training manager sought out courses which would increase staff understanding of specific conditions.
- One person commented; "The staff are very well trained, it's more like a routine to them."
- Staff received six supervisions a year including face to face meetings, observational checks and appraisals. They told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Some people received support with meal preparation. Staff had completed food hygiene training.
- When staff recognised people might be at risk due to poor diet they had raised their concerns with other healthcare professionals.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The service's offices were accessible for people with mobility problems.
- Staff supported people to make and attend appointments with other healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental



capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In this kind of service applications to deprive people of their liberty should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of the principles underpinning the legislation. They spoke with us about people's rights to make choices and decisions for themselves.
- Where they were able to, people had signed their care plans to show they were in agreement with their planned delivery of care. Records indicated when people had Power of Attorney arrangements in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service was respectful of people's spiritual and cultural needs. Visit times were organised to enable people to attend religious services.
- In their conversations with us, staff demonstrated an empathetic, non-judgemental and accepting attitude towards the people they supported.
- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves and offered reassurance and sympathy.
- Comments from people and relatives included; "They are so caring, absolutely brilliant", "Its everything I hoped my care would be" and "It's like having friends round, it's not like a service."

Supporting people to express their views and be involved in making decisions about their care

- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- People told us they were fully involved in decisions about how their care was delivered. They said staff always asked permission before carrying out a task and checked how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Systems were in place to protect people's confidential information. Staff told us they were 'constantly' reminded of the need to respect confidentiality.
- People were supported to maintain and develop their independence. Staff told us of one person who had lost their mobility. They explained; "We got them using the stand aid, and then a frame and then walking down the garden. And they said they would never walk again!" They were clearly proud of the person's accomplishments.
- One person commented; "They don't make me feel as if I am ill and they never talk down to me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans described people's individual needs, preferences and routines. They were reviewed regularly to help ensure they reflected people's needs at all times.
- People told us they were listened to about how they wanted to be supported, with the service making changes if and when necessary.
- There was information about people's backgrounds and what was important to them. This helped staff to engage meaningfully with people and build an understanding of their needs.
- There were systems in place to help ensure staff were up to date with any changes in people's needs.
- Daily notes were completed although these tended to focus on what tasks had been completed with scant information on people's emotional well-being. We discussed this with the registered manager who told us they would work with staff to improve their recording.
- Care plans contained information about the support people needed to access and understand information. For example, if they needed reading glasses or hearing aids.
- The service was very much part of the community and staff regularly took part in local fundraising events.
- People were encouraged and supported to participate in events organised by staff.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them in line with the organisation's policies and procedures.
- Most people told us they had not had reason to complain but would be able to approach the registered manager, or staff with any issues.
- When people had raised a concern they reported they were satisfied with the response.
- A 'grumbles' form had been developed to encourage people to report minor worries quickly so the service could respond in a timely way.
- One person told us; "They will always sit down and listen if I have any grumbles."

End of life care and support

- The service supported people who were at the end of their lives. They were able to respond quickly to help people at this stage of their lives.
- People's wishes were known and recorded. Staff worked with families where appropriate.
- Some staff had received training in end of life care and more was being organised.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager told us the ethos of the organisation supported an 'open door' approach from managers. However, it was recognised that privacy was sometimes necessary and each branch office had facilities to provide this.
- The organisational visions and values focused on the effectiveness of team working. Staff reflected these principles in their conversations with us.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager, administration worker and senior care workers. All had a clear understanding of their roles and responsibilities.
- The registered manager told us they were proud of their team who they described as; "Highly motivated."
- CQC were notified of incidents and events in line with legislation. The rating from the previous inspection was displayed in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place for gathering the views of all stakeholders. Annual questionnaires were sent to people using the service, staff and professionals. Results were analysed to identify themes and areas for improvement.
- A member of the senior management team visited people every three months to identify if there were any areas for improvement.
- Staff received newsletters with their rotas. These were a means of communicating information about any organisational developments as well as news about events.
- Staff meetings were held every month. Staff were able to raise items for discussion in addition to the planned agenda.
- Team building exercises were held across the organisation to encourage good team relationships within staff groups.
- When speaking with staff we identified a recurring theme of the flexibility of the organisation to help staff

achieve a good work/life balance.

- Senior management were creative when considering how they could work more closely with other healthcare professionals. For example, they were developing a system for updating GP's at regular intervals on the care and support people were receiving and any changes in their needs.

Continuous learning and improving care

- There was an ethos of developing and improving the service. A member of staff commented; "The owner is always looking for ways to improve."
- Regular audits were carried out by the registered manager and nominated individual.
- A business plan had been developed and there were clear goals for the development of the service.
- The registered manager received regular supervision and support from the nominated individual and director of the organisation.